

low-wage jobs or to have to work several part-time jobs to make ends meet, which means they're less likely to have health coverage offered by their employer. Less than one-half of women have health insurance through their jobs. And because women are more likely to be below the poverty level in the first place and only earn 78 cents for every dollar that a man earns, they're more likely to be completely unable to afford health care in the first place.

Isn't it about time we stood up and said, Ain't I a woman? Or, even: Ain't I a human being? Women are routinely denied care for having a preexisting condition, which could include being a potential, former, or actual mother; which could include being a victim of domestic violence; which could include having a serious illness or an operation, like a Cæsarian section.

Health care reform here will provide women the care that they need; the economic security they need; prohibit plans from charging women more than men; ban the insurance practice of rejecting women with a preexisting condition; and include maternity services. Yes, we are women; and, yes, we are human beings.

VACATING 5-MINUTE SPECIAL ORDER

The SPEAKER pro tempore. Without objection, the request for a 5-minute special order speech in favor of the gentlewoman from California (Ms. WOOLSEY) is hereby vacated.

There was no objection.

WOMEN FOR HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from California (Ms. WOOLSEY) is recognized for 60 minutes as the designee of the majority leader.

Ms. WOOLSEY. After listening to 14 women come down here and speak for 5 minutes on why it is so important that being a woman is not a preexisting condition as a part of our health care system, and to change that—and to change it this weekend when we vote on the health care reform bills—I want to tell you I love women. We are so fortunate to have such an amazing group of Democratic women in the House of Representatives, and I thank every one of them for having come down here to speak and to represent their districts, womanhood, and, as Gwen Moore just said, humanity in general. We're on our way.

Tonight, we're going to have a Special Order. We may take an hour; we may not. JAN SCHAKOWSKY from Illinois has joined us. CORRINE BROWN from Florida has joined us. Others have said they're coming, but I think we may have taken a little bit more time on our 5-minute Special Orders than had been planned.

So I think we should start our conversation with JAN SCHAKOWSKY from Illinois, who was down here last evening talking about senior women.

Ms. SCHAKOWSKY. Thank you so much, Congresswoman WOOLSEY, for organizing us tonight. I appreciate it. I learned so much just sitting here listening to the women that have been talking about why this legislation is so important to women, why we need health care reform, and some of the facts of life about women. I learned from Congresswoman JACKIE SPEER an amazing fact that I'm going to carry with me—that a 40-year-old woman, she said, who does not smoke, has to pay more for her insurance than a 40-year-old man who smokes. This makes absolutely no sense.

I think maybe it was put best by the Speaker of the House, Nancy PELOSI, who said, Being a woman is a preexisting condition. That pretty much sums it up. According to the Commonwealth Report—that's a very well known and reputable think tank on health care—says that 45 percent of women are uninsured or underinsured; 52 percent of women have foregone necessary care because of the cost, including not filling a prescription. We know that. We have all heard about that, about people who come to our office and they are cutting their prescriptions in half, how they're not taking them to the drugstore to fill them, skipping a medical test, or not going to the doctor. And we know that for young women, only about 12 percent of the plans on the private market cover maternity. That was talked about tonight.

And that's not just a problem for women. That's a problem for families. For heaven's sake, you expect that when you have health insurance, that if you get pregnant and you're going to have a baby, that your insurance company is going to cover it. It's kind of basic. But maternity can even be considered a preexisting condition, that a woman cannot get insurance because she was pregnant. Of course, having a Cæsarian section, that's a preexisting condition. Or being a victim of domestic violence, that's a preexisting condition.

The insurance industry thinks women cost more. We do use more health care services. That's true. And so throughout our life we pay about 48 percent more for health insurance than men do. It's because we're women.

□ 1945

I think it's wrong, and that's why in this historic legislation that we're about to pass, we end gender discrimination. Women will not be discriminated against.

Ms. WOOLSEY. The gentlewoman from Florida is here with ideas and thoughts, and I would like very much to hear them.

Ms. CORRINE BROWN of Florida. Thank you. Before I begin, I just want to thank you for your leadership on

this matter and thank you for night after night coming to the floor. After we do our day work, we can always count on you doing the night work, coming here, educating the American people. And I just want to personally thank you for your leadership.

Ms. WOOLSEY. Well, thank you very much.

Ms. CORRINE BROWN of Florida. And all of the women that have come out tonight.

Let me just make a few remarks, and then I have a series of questions that I want to ask you. But first of all, this is a fight that—I came here in 1992, and we started with Clinton, and just because we didn't pass health care does not mean it wasn't a serious problem. And we got a piece of the loaf. We were able to get programs that covered children. So that was step one.

But here we are on this historical event where we're going to have the opportunity to go to step two. And let me just say that this bill is not the perfect bill, but I have been elected 27 years, and I've been in this House for 18 years, and I've never seen the perfect bill. But this is the perfect beginning. I mean, there is so much that I would have included in this bill.

A public option, to me, is very important. I've been on VA for 18 years. VA is a public option. TRICARE is a public option, and that keeps the cost down. We made the Department of Veterans Affairs and the Department of Defense negotiate the price of the drugs to keep the costs down. We want to do that for all Americans. When we passed that hideous bill that helped people with the doughnut hole, one of the things in the bill that was against the law was that the Secretary did not have the option of negotiating the prices of drugs for all of us.

So I would like to discuss, when the President signs the bill, what are some of the things that would immediately come into effect? And one of them that I think is so important to families, particularly mothers who have kids in college, is that age for family coverage would go up to 26. Is that correct?

Ms. WOOLSEY. Twenty-six years old.

Ms. CORRINE BROWN of Florida. You know, that is so important. As a mother who had a kid in school, I mean, when they got to a certain age, the plan—even our plan dumped them. So with this, you will be able to keep the kids on the family coverage while they're in college. I think that is extremely important.

Ms. WOOLSEY. And something else, if the gentlewoman will yield. If that young person is employed, the employer cannot insist that the young person go on their plan because, you know, young people make plans cheaper because they don't get sick as often as older folks. So the young person can choose—if the parents agree—to be on the parents' plan, even if they're employed.

Ms. CORRINE BROWN of Florida. One other area, one lady came to one of